

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717746

1. Entity Name

VILLAS SOCIAL CLUB, INC.



FILED

03 MAY -1 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4301 N.W. 48TH AVE  
FORT LAUDERDALE FL 33319-4659

Mailing Address

4301 N.W. 48TH AVE  
FORT LAUDERDALE FL 33319-4659

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1366036

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILES, JAMES  
10034 W. MCNAB ROAD  
TAMARAC FL 33321

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	REID, MAISIE	
STREET ADDRESS	10034 W. MCNAB ROAD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKENZIE, EILEEN	
STREET ADDRESS	10034 W. MCNAB RD.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DICHNER, RENEE	
STREET ADDRESS	10034 W. MCNAB RD.	
CITY-ST-ZIP	TAMARAC FL 33324	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WINSOME, BAILEY	
STREET ADDRESS	10034 W. MCNAB RD.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BARRY, PATRICK	
STREET ADDRESS	10034 W. MCNAB RD.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BADDAL, ELSIE	
STREET ADDRESS	10034 W. MCNAB RD.	
CITY-ST-ZIP	TAMARAC FL 33321	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100017844521
CITY-ST-ZIP	05/01/03--01082--001 **\$61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ REQUIRED

4/28/03 954-733-9131

CR2E037 (10/02)

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